

# Changing coverage at other times

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Generally, you may enroll or make changes in your health and dental coverage only when you are first hired by the state or during the annual Open Enrollment. However, certain changes can be made at other times when you experience a qualified life event.

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***Your request to add or cancel coverage must be consistent with the life event that has taken place.***

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## Notification

You are responsible for notifying your agency HR office and SEGIP, if you experience a life event that could affect your benefits. In most cases, it is necessary to provide a third party's written verification of a life event. Failure to notify SEGIP of a life event that affects your coverage within the allowed time period, will affect insurance benefits for you and all your dependents, such as loss of COBRA rights or personal responsibility for unpaid medical and/or dental claims. Benefit enrollment and cancellation forms must be received by SEGIP in the Employee Insurance Division within the allowed timeframes. **Do not delay submission of forms if you are waiting for documentation.** Forms can be faxed to (651)296-5445 or scanned and emailed to the secure web email at: segip.mmb@state.mn.us.

## Adding, canceling, and changing coverage

You may add new dependents to your health or dental coverage following the birth/adoption of a dependent child or dependent grandchild on a limited basis.

Coverage will be effective on the day of the birth, adoption, and/or placement for adoption. Enroll immediately so you don't owe a large retroactive premium or experience problems having claims paid appropriately. A social security number is required to process enrollment, but do not delay submitting the required form, if you do not have your dependents social security number.

- Any other election to add coverage due to a qualified dependent's life event must be made within 30 days of the event.
- Any election to cancel coverage due to life event must be made within 60 days of the event.

These life events are:

- a. A change in legal marital status, including marriage, death of a spouse, divorce or annulment.
- b. A change in number of dependents, including birth, death, adoption, and placement for adoption.
- c. A change in employment status of the employee, or the employee's or retiree's spouse or dependent, including termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite, and a change in working conditions (including changing between part-time and full-time or hourly and salary) of the employee, the employee's spouse or dependent which results in a change in the benefits they receive under a cafeteria plan or health or dental plan.
- d. A dependent ceasing to satisfy eligibility requirements for medical and/or dental coverage due to attainment of age 26.
- e. A change in place of residence and/or work location of the employee, retiree or their spouse or dependent and the current carrier is not available.
- f. Significant cost or coverage changes (including coverage curtailment and the addition/or elimination of a benefit package).
- g. Family Medical Leave Act (FMLA) leave.

- h. Judgments, decrees or orders.
- i. A change in coverage of a spouse or dependent under another employer's plan.
- j. Open enrollment under the plan of another employer for spouse or dependent.
- k. Health Insurance Portability and Accountability Act (HIPAA) special enrollment rights for new dependents and in the case of loss of other group insurance coverage.
- l. A COBRA-qualifying event.
- m. Loss of coverage under the group health plan of a governmental or educational institution (a state's children's health insurance program\*, medical care program of an Indian tribal government, state health benefits risk pool, or foreign government group health plan).
- n. Entitlement to Medicare or Medicaid.
- o. Any other situations in which the group health or dental plan is required by the applicable federal or state law to allow a change in coverage.
- p. Not eligible for the full employer contribution and have obtained a subsidy for coverage through MNsure or other Federal Exchange due to another qualified event (may only cancel medical insurance participation).

\* See page 41 of this book.

## Changes in optional benefits

You may change some optional benefits coverage at any time during the year. However, you may have to provide evidence of insurability to add or increase coverage. You may:

- apply for or increase optional life insurance coverage for yourself, your spouse, and your insurance-eligible children and/or grandchildren with evidence of insurability
- apply for or increase accidental death and dismemberment coverage for you and your spouse
- apply for or increase short-term disability coverage for yourself with evidence of insurability
- apply for or increase long-term care coverage for you, your spouse, or your parents with evidence of insurability
- decrease the managerial life insurance portion of Manager's IPP
- increase the life insurance portion of Manager's IPP (requires evidence of insurability)
- decrease or terminate additional life insurance, accidental death and dismemberment insurance, short-term and long-term disability insurance, and long-term care coverage.

## Changes in Pretax Accounts

You may increase, decrease, add or cancel the amounts in your Dependent Care (daycare) Expense Account and your Medical/ Dental Expense Account if a qualified life event occurs. You may change the amount you direct to the Transit Expense Account, without regard to life event, on a monthly basis.

## Effective dates of benefits coverage

The effective date can vary, depending on the type of plan and the reason for the change in coverage.

Health, dental, and life insurance coverage changes that do not require evidence of insurability will take effect on the day of the event, e.g., your marriage, birth/adoption. Dependent coverage must be secured by providing the required documents verifying dependent status. SEGIP requires proof of eligibility for newly enrolled spouse/dependents. Documents establishing eligibility will be requested within 30 days of enrolling in benefits. Enrollment will not be finalized without proof of eligibility. If you have questions regarding this, please contact SEGIP representatives at 651-355-0100.

Coverage requiring evidence of insurability will be effective when approved by the insurance company.

For health and dental, you must be actively at work on the initial effective date of coverage, or coverage will be delayed until the first day you return to active payroll status. Notwithstanding the foregoing, if you are not actively at work on the initial effective date of coverage due to your health status, medical condition, or disability, or that of your dependent, as such terms are defined in Section 9802(a) of the Internal Revenue Code and the regulations related to that Section, coverages shall not be delayed.

Coverage for your dependents will not be effective before your own coverage.

You must be working on the date your optional life, disability, and long-term care coverages take effect. If you are on a scheduled vacation or semester break at that time, you will be deemed to be actively at work. Otherwise, coverage will be delayed until the first day when you return to work.

## Medical Child Support Orders

Federal and state law regarding medical child support seeks to assure that children who don't live with both of their legal parents have adequate health and dental coverage.

If you currently have a Medical Child Support Order (QMO) in force, you may change plans, but you cannot cancel dependent coverage.

Further, the expiration of the QMO is not a qualified event to drop the dependent. Once removed, the dependents are subject to all rules of the plan.

If you are served with Medical Child Support Order by the court at any time during your employment with the state, you must notify your agency HR office and the Employee Insurance Division (SEGIP).

Even if an employee does not obey a court order, the state, as the employer, will proceed with the enrollment process. *Upon determination by an employer's health plan administrator that a joint child is eligible to be covered under the health plan, the employer and health plan must enroll the joint child as a beneficiary in the health plan. Once enrolled, premium deductions will be taken from the paycheck (this can occur on a retroactive basis).*

If you already have a dependent covered under your health and dental coverage, your benefits carriers will be notified to also list any children shown in the court order as your dependents. If you do not currently have coverage for dependents, the premium payment for family coverage will automatically be deducted from your pay.

**Important Information:** Anytime you change a benefit, review your paycheck and your online benefit summary on the MN Employee Self Service website to ensure the accuracy of the benefit and the payroll deductions. If you note a discrepancy, immediately contact SEGIP and your agency HR office.